# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	i <b>on</b> 201	5C0008			Repo Filed		CAI	NDID	DATE	✓	СС	OMMITTEI	1	LOB	BYIST	Ē	
	Committee, Candid	late or Lo	obbyist:		MARTI	-	HITE										
Street Address:																	
City:							State:					<b>Zip Code:</b> 19154					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY				DAY MARY	PC				AMENDMENT REPORT?		Yes	No	D	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY CTION	PC	DST-	6.		TERMINATION REPORT?		Yes	No	C	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015				ING ME ) CHEC					PAPER		$\checkmark$	DISKI	ETTE	
Name of Office	Sought by Candida	nte:					DAT	E OF	ELEC	TION		District Number	Office Code	Par	ty Code	Cour Code	
REPRESENTAT	IVE IN THE GENE	RAI ASS	EMBLY				мо	I	DAY	YEA	R	170	STH	REP	•	51	
KEINESENIAI								3	2	4	2015		(SEE INS	TRUCTI	ONS FOR	CODES	)
	Receipts and	мо	DAY	YEAF	٤		мо	1	DAY	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditure	s from:		1 12	2	015	то		3		9	2015						
A. Amount Bro	ought Forward Fro	m Last R	eport				\$				0.00						
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	)	\$			2,30	0.00						
C. Total Funds Available (Sum Of Lines A and B) \$										2,30	0.00						
D. Total Exper	nditures (From Sch	edule II	1)				\$			2,30	0.00						
E. Ending Cast	n Balance (Subtrac	t Line D	From Line	C)			\$				0.00						
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	/)			\$				0.00						
							ECTIC										
	is a Committee rep												my know	vledge	and bel	ief , tr	ue
correct and comp	lete. scribed before me thi	-						_					-	_			_
Sworn to and sub	day of	5	20							Sig	nature	e of Person	Submitti	ing Rep	oort		
	Signati	ıre				_		-				Print	ed Name				-
My Commission E	-							-				Email					_
	мо	D	AY	YR					Are	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Cand	idate sh	all s	ign he	re.							
I swear (or affirm No 320) as amend	) that to the best of led.	my knowle	edge and beli	ief this	s politica	al com	mittee h	as no	t violato	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.I	L. 133	з,
Sworn to and subscribed before me this day of 20								•			s	ignature o	f Candida	ite			-
								-				Printeo	i Name				-
My Commission Ex	Signature pires							_				Emai	1				-
	мо	D/	AY	YR	<u> </u>	_		-	Area C	ode		Da	ytime Te	lephor	e Numl	per	-
		21												-			

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MARTINA WHITE From: <u>1/12/2015</u> **To:** <u>3/9/2015</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 2,300.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,300.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,300.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period					
				From: To:			:		
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00	

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candida	te		Rep	orting P	eriod					
			Fror	m:		Тс	):			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address		_					\$	0.00		
City	State	Zip Code (Plus 4	)							
								PAGE TOTAL		
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00		

# PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

## PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

## Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Cane	didate			Repo	orting Pe	riod			
MARTINA WHITE				From:		<u>1/12/2015</u> <b>То</b>		<b>b:</b> <u>3/9/2015</u>	
					DA	ATE		А	MOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	300.00
MS. MARTINA WHITE						DA.		>	300.00
Mailing Address					1	12	2015		
City PHILADELPHIA	State	Zi	p Code (Plus 4	4)	-		2015		
	PA	19	9154						
Employer Name					Occupat	ion	FINANC	AL COM	ISULTANT
Employer Mailing Address/Princip	al Place of Business		City			State		Zip Coo	le (Plus 4)
			MARLTON			Ŋ		08053	
Full Name of Contributor					мо	DAY	YEAR		
MS. MARTINA WHITE					MO	DAT	TEAR	\$	2,000.00
Mailing Address					2	6	2015		
City PHILADELPHIA	State	Zi	p Code (Plus 4	4)	2	0	2015		
	PA	19	9154						
Employer Name					Occupat	ion	FINANC		ISULTANT
Employer Mailing Address/Princi	oal Place of Business		City			State		Zip Coc	le (Plus 4)
			MARLTON			L		08053	
Fator Croud Total of Dout Cor		Commen			- 3			F	AGE TOTAL
Enter Grand Total of Part C on	i Schedule I, Detalled	Sumn	nary Page, S	Sectio	5.		4	;	2,300.00

## PART E **OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

## prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		0.00

## SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

### USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
MARTINA WHITE	From:	<u>1/12/2015</u> <b>To:</b>	<u>3/9/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period				
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b>]</b> \$	0.0	)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

Name o	Name of Filing Committee or Candidate				Reporting Period						
MARTINA WHITE				From <u>1/12/2015</u> To				<u>3/9/2015</u>			
				DATE AMOU							
To Who	m Paid			мо	DAY	YEAR					
FRIEND	S OF MARTINA WHITE										
Mailing Address				1	12	2015	\$	300.00			
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	19114	CONTRIBUTION							
To Who	m Paid			мо	DAY	YEAR					
FRIEND	S OF MARTINA WHITE			MO							
Mailing	Address			2	6	2015	\$	2,000.00			
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	19114	CONTRI	BUTION						
				_				PAGE TOTAL			
Enter G	Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I	<b>)</b> .			\$	2,300.00			